STATE OF MAINE
Department of Health and Human Services

Medicaid Health Information Technology Implementation Advance Planning Document (HIT IAPD-U) Final Draft March 31, 2013

Name of State: Maine

Name of State Medicaid Agency: Maine Department of Health and Human Services, Office of MaineCare Services

Name of Contact(s) at State Medicaid Agency: Dawn R. Gallagher

E-Mail Address (es) of Contact(s) at State Medicaid Agency: dawn.r.gallagher@maine.gov

Telephone Number(s) of Contact(s) at State Medicaid Agency: 207-287-6573 or 207-592-1529

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SECTION I. EXECUTIVE SUMMARY

This document is the update to the State of Maine's Implementation Advanced Planning Document (IAPD) which covers the period of April 1, 2013 through September 30, 2015.[1]

We wish to thank our CMS partners for their invaluable leadership and assistance to Maine for the Medicaid HIT Meaningful Use Program. In November 2012, Maine was recognized as the No. 1 state in the nation for the percentages of eligible professionals who received payments for Adoption, Implementation or Update (AIU) and the first state in the nation to have all of its eligible hospitals participate in the AIU Year 1 of the Medicaid incentive payment program. As of March 15, 2013, 1,988 payments for AIU totaling $60,091,693 and 648 payments for Stage 1 MU totaling $11,167,882 have been paid to MaineCare EPs and EHs under the Medicaid incentive payment program.

In total, 2,636 payments totaling $71,259,575 have been paid to Maine Medicaid EPs and EHs under the Medicaid HIT incentive payment program.

Maine would not have accomplished this level of success without this collaborative effort with our federal partners, CMS and the Office of the National Coordinator for HIT.

The intent of this IAPD-U is to provide a status report of the activities approved under Maine's IAPD and to request funding and approval for activities to be performed under this IAPD-U to continue the important Meaningful Uses goals and objectives of the HITECH Act.

Maine is requesting approval of $2,042,043 funding, $1,837,839 federal and $204,204 State match to conduct the IAPD-U activities and work towards achievement of the HITECH goals and objectives under the Medicaid Meaningful Use Program.

SECTION II – RESULTS OF ACTIVITIES INCLUDED IN PLANNING ADVANCED PLANNING DOCUMENT (P-APD), INCLUDING SMHP

This section provides a current status of: 1. Activities included in Maine's June 2011 CMS approved State Medicaid HIT Plan (SMHP) and 2. Activities and expenditures in Maine's June 2011 CMS approved IAPD. (Maine's planning grant was closed out and no PAPD funds were rolled into the IAPD.)

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[1] The IAPD is the action plan for the State Medicaid Health Information Technology Plan (SMHP) both of which were approved by CMS on June 7, 2011. Since that time, Maine has received four no-cost extensions for the administration of the Medicaid HIT Program under its IAPD.

1. **Status of Activities: State Medicaid HIT Plan (SMHP)**

This segment provides the current status of the activities to be completed under Maine's June 2011 CMS approved SMHP.

A. HIT "As-Is" Landscape

Status: Completed. The "As-Is" Landscape Assessment provided the State with a baseline assessment of the HIT activities currently underway within the Department and Maine's Medicaid enterprise. The key tasks performed included a review of Maine's MMIS system, Maine's application inventory, a survey of provider EHR adoption rates and interest in the HIT program, and alignment of State HIT initiatives.

B. HIT "To-Be" Landscape

Status: Completed. The State of Maine strives to continually improve the health of its residents. To do so, Maine has aligned its strategic HIT vision and goals for the Medicaid Meaningful Use Program with those of the Office of the National Coordinator (ONC), Office of the State Coordinator for HIT (OSC), and CMS Meaningful Use Program.

C. Activities Necessary to Administer the EHR Incentive Program

Status: Plan Completed. In April, 2011, MaineCare defined the processes and activities needed to administer and oversee the EHR Incentive Payment Program. Processes included registration and eligibility, payment, appeals (including an informal reconsideration appeal process), reporting, communication, education and outreach, and State oversight. MaineCare developed step-by-step process flows for all activities required of eligible professionals (EP) and eligible hospitals (EH) including the systems and resources responsible for completion of the work. In July 2011, Maine successfully completed NLR testing and in October 2011, MaineCare launched the State's Medicaid incentive payment program.

This IAPD-U will include proposed activities necessary to continue administration of the E H R Incentive payment program under Stage 1 and Stage 2 MU.

D. Audit, Controls and Oversight Strategic Plan

Status: Plan Completed. Maine's audit, control, and oversight strategy for the EHR Incentive Program is comprised of auditing sub-processes: eligibility

determination and adoption, implementation or upgrade (AIU) of certified EHR technology (attestation); confirming Meaningful Use reporting requirements are met, and verification of incentive payment amounts and program year requirements. The State uses a two-prong review and audit strategy (pre-payment and post-payment) to ensure accuracy, integrity and compliance with the program requirements.

This IAPD-U will include proposed activities necessary to continue and meet MU audit, controls and oversight of the E H R Incentive payment program under Stage 1 and Stage 2 MU.

E. Gap Analysis and HIT Roadmap

Status: Completed. MaineCare analyzed its 2010 "As-Is" landscape against the processes of the "To-Be" future-state. In June 2011, the State's SMHP and IAPDs were approved by CMS. In October 2011, Maine launched its Medicaid incentive payment program and successfully implemented its Stage 1 Meaningful Use systems in April 2012.

2. Status of Activities and Expenditures Approved by CMS: State IAPD

This segment provides details on the activities performed under Maine's CMS approved 2011 IAPD to meet the SMHP objectives; and approved funding, expenditures to date, and remaining funding under Maine's 2011 approved IAPD.

EHR INCENTIVE PROGRAM: I-APD STATUS									
	APPROVED IAPD			EXPENDITURES TO DATE (3/1/2013)			REMAINING IAPD FUNDING (TO BE EXPENDED BEFORE EFFECTIVE DATE OF IAPD-U 4/1/2013		
ACTIVITY TYPE	State	Federal	Total	State	Federal	Total	State	Federal	Total
DDI of Technical System and Business Processes for AIU and MU Stage 1	$189,927	$1,709,343	$1,899,270	$120,280	$1,082,516	$1,202,796	$69,647	$626,827	$696,474

The table above depicts the approved IAPD funding, expenditures as of March 1, 2013, and the remaining funding. The funds that are shown under the "remaining funding" have been encumbered for activities that will be performed under the IAPD period which ends March 31, 2013. Funding for the IAPD-U period, which begins on April 1, 2013 will require new funding requests.

The status of the activities under Maine's approved IAPD is described below:

A. Continue the joint steering committee of the OSC (with further linkage to the State's Medicaid HIT program) and close coordination with CMS, HealthInfoNet and the Regional Extension Center (MeREC) for communication, outreach and education to promote EHR adoption and Meaningful Use.

Status: Ongoing. Maine proposes to continue the organizational framework as approved by CMS for the State's June 2011 SMHP and IAPD. The OMS HIT program is overseen by the State's Director of the Office of State Coordinator for HIT (OSC) housed in Maine's Medicaid agency. (The OSC reports directly to the Deputy Director of the Medicaid Agency.) The OSC has an approved State HIT Plan with a multi-stakeholder steering committee which provides input and advice. The State HIT Plan will be updated to include further linkage to the MaineCare Meaningful Use Program which is guided by an OMS HIT advisory subcommittee. This framework has resulted in a collaborative partnership for all of the State's HIT initiatives.

B. Finalize and implement audit procedures and policies to ensure financial integrity of the HIT program, including avoidance of fraud, waste, and abuse;

Status: Completed. Through the use of the CMS audit toolkit and guidance, and experience with pre- and post-payment audits, Maine developed and has implemented a comprehensive and compliant audit strategy plan, and reports audit activities to CMS in the State's quarterly HIT Program report as required by CMS. (Attachment 1 is the State's audit strategy plan.)

C. Successfully design, build, and test an in-house OIT technology solution to administer EHR Incentive Payment Program that enables the State to begin making payments by the end of calendar year 2011;

Status: Completed in October, 2011

D. Develop and implement an operational solution to support the IAPD program operations, including staffing, training, communications, Member, and provider outreach;

Status: Completed in October, 2011.

E. Design and implement a technological solution that provides a foundation for later phases of the HIT Program and which will not result in duplication of efforts for later phases of the HIT Program;

Status: Ongoing. See below.

F. Build on the OIT technology solution to support future program needs including the acceptance of Meaningful Use data when established by CMS;

Status: Ongoing. See Below

Technical Solution Update: Under Maine's approved IAPD, Maine designed, developed, and implemented an In-House solution for attestation and payments for Year 1 (AIU) for Medicaid-only eligible hospitals and eligible professionals. This highly efficient and streamlined system served Maine well. In consultation with our CMS partners, it was decided that the State would build on this system to continue to process and approve attestations for AIU, and add enhancements that allowed Maine to accept registrations, approve attestations, and make payments to EPs for Meaningful Use Stage 1, and approve registrations and make payments to EHs for Meaningful Use Stage 1.

Maine's technical system, launched in October 2011, allowed HIT Specialists to process registrations that were submitted to the NLR and fed to the State, and to complete the attestation and payment process for Year 1 AIU payments. CMS requirements to register via the NLR and the "feed" system and the State's attestation/payment processes have, and will continue, to remain the same.

In April 2012, the State, in accord with its approved IAPD, performed enhancements to the system to allow payments over multiple years to be processed and tracked. Recognizing that some components of the registration and attestation have a distinct payment year level, the system distinguishes Year 1 AIU attestations from Year 2 MU attestations.

The system now includes the implementation of a desk-top application (Wizard) that EPs use to enter Meaningful Use (MU) reports which are sent electronically to the State. (Attachment 2 is the State's System Improvements and Enhancements for Stage 1 Meaningful Use Attestation)

The addition of the Wizard system for the attestation for Meaningful Use Stage 1 has proven very successful.   It facilitates the attestation process for EPs for Meaningful Use while maintaining program integrity by requiring EPs to enter accurate and complete data before the system accepts the attestation and sends the data to the State. It also requires HIT specialists to review each Meaningful Use measure for accuracy and completeness, before the HIT specialist can continue the review and approval of the attestation and payment. Similarly, State auditors have the Wizard data available for both pre- and post-payment audits.

To meet MU Stage 2 requirements (and additional MU Stages as they are developed and approved by CMS) Maine must continue to make appropriate changes to its systems and processes, and make improvements to its technical and business solutions to meet the goals and objectives of the HITECH Act. Those solutions are described in Section III below.

Section III: Statement of Needs and Objectives

This section provides an update of HIT goals, project needs, objectives and the anticipated benefits of new activities proposed for the IAPD-U period April 1, 2013 through September 30, 2015. To that end, the State will continue the current technical and business program processes that were approved by CMS under the State's June 2011 IAPD and SMHP and that are still appropriate under CMS rules, regulations, and requirements.

The HITECH Act provides the framework for improving health information technology. The structure of the programs established by the HITECH Act recognizes a federal/state partnership to build the HIT vision and to plan and implement that vision:

> *A Nation in which the health and well-being of individuals and communities are improved by health information technology.*

The State of Maine strives to continually improve the health of its residents. The State has aligned its strategic HIT vision and goals with those of the Office of the National Coordinator by adopting a vision anchored in providing or facilitating a system of person-centered, integrated, efficient, and evidence-based health care delivery for all Maine citizens:

> *Preserving and improving the health of Maine people requires a transformed patient centered health system that uses highly secure, integrated electronic health information systems to advance access, safety, quality, and cost efficiency in the care of individual patients and populations.*

The Medicaid HIT program used these two essential building blocks as a foundation for its vision to improve the use of HIT to have all Eligible Professionals and Eligible Hospitals achieve Meaningful Use:

> *A Medicaid Health Information Technology (HIT) program that promotes the goals of the Federal HITECH Act, including the Office of the National coordinator and the Office of the State Coordinator, and leads Maine's efforts for providers to achieve "Meaningful Use" and to provide truly integrated, efficient, secure, and high quality health care to MaineCare Members that improves health outcomes.*

MaineCare's "To-Be" Landscape under the State's CMS approved June 2011 SMHP used these visions to adopt goals and key objectives for the MaineCare HIT MU program. This IAPD-U builds on the June 2011 SMHP and IAPD and updates those goals and objectives to reflect current CMS rules and guidance for Stage 2 of the Meaningful Use program and the emerging integration with other HITECH programs, such as the use of a Health Information Exchange and the linking of claims and clinical data for improved health outcomes, quality, and accurate cost data.

Goal 1. HIT Initiative Integration Benefits. Recognizing the needs and benefits that a multi-dimensional approach to HIT affords to improve quality and health outcomes, payment reforms, ensure accurate program costs and efficiencies, and which the HITECH Act and/or Stage 2 and future stages of Meaningful Use (as defined by CMS) promotes and/or requires, the State will institute system improvements and enhance frameworks and governance of HIT programs including provider participation, exchange, and reporting of clinical, claims, and Meaningful Use data.

- o **Key Objective**: By 2016, all HITECH Act, State and DHHS-specific health care programs that use Health Information Technology, will be intrinsically linked through State alignment, coordination, and State oversight of clinical, claims, and quality measures reporting and use to improve health outcomes, costs and quality.

- o **Key Needs**

--Continue to use the collaborative efforts between CMS, ONC, MaineCare, the Maine Health Data Organization and its All Payer/All Claims Database, the OSC, Maine REC, HealthInfoNet, DHHS, Maine's Office of Information Technology, Maine's CDC, Maine's HIE, and private stakeholders for multi-stakeholder input for priority-setting and coordinating operation processes supporting the MaineCare EHR Incentive Program;

--Continue the work that the State has begun to institute system improvements and enhance frameworks and governance of HIT programs including provider participation, exchange, and reporting of clinical, claims, and Meaningful Use data to meet Goal 1 and Goal 1 Key Objective.

--Coordinate all HIT initiatives between health care settings to avoid duplication of efforts and to allow federal and State resources and lessons learned to be used to improve health outcomes;

--Partner with existing EHR adoption and implementation efforts currently underway by providers to coordinate State HIT initiatives, including the administration of the EHR MU Incentive Program;

--Undertake efforts to collaborate with new and emerging Maine Medicaid programs such as Health Homes and Maine's SIM and IHOC grants to expand use of HIT and Meaningful Use measures, and the use of the State's HIE and APCD clinical and claims data to improve quality, costs, and health outcomes.

--Efficiently use program funding to optimize the benefits of HIT by coordinating and aligning health and quality data assurance programs.

Goal 2. Privacy and Security Benefits. MaineCare will build public trust and enhance participation in HIT and electronic exchange of protected health information by incorporating privacy and security solutions and appropriate legislation, regulations, and processes in every phase of its development, adoption and use data, including claims and clinical health care data.

- **Key Objective**: By 2016, MaineCare will facilitate electronic exchange, access, and use of electronic protected health information, while maintaining the privacy and security of patient, provider and clearinghouse health information through the advancement of privacy and security legislation, policies, principles, procedures and protections for protected health information that is created, maintained, received or transmitted.

    o **Key Needs**

- Update the State's inventory of existing privacy and security standards and practices including HIPAA and other Federal and State-specific laws within MaineCare to develop a comprehensive HIPAA and HITECH compliant program.

- Establish administrative, physical and technical privacy and security protections in accordance with industry business best-practices for all protected health information within MaineCare's HIT systems, the State's HIE, and other State systems.

- Continue collaboration with the OSC, including submitting legislation or promulgating rules that define the roles, responsibilities, and governance of a State designated HIE, and which allows the State's HIE to participate in new and emerging MaineCare and HIT initiatives using practices and safeguards that ensure that health care discrimination does not occur while requiring the exchange and use of all health care data to improve all patient care, cost, quality and outcomes.

Goal 3 Communication, Education and Outreach Benefits. MaineCare will aid in transforming the current health care delivery system into a high performing health information exchange system by establishing and implementing robust communication, education, and outreach plans to promote wide-spread EHR ,

Meaningful Use, and exchange among MaineCare providers and inform Members about the benefits of health information technology.

- **Key Objective**: By 2016, MaineCare will have highly promoted the national and State HIT efforts to improve health outcomes through the use of electronic health information tools by developing and implementing comprehensive communication and training programs for State decision makers, staff, providers, citizens of Maine and stakeholders.

    o **Key Needs**:

- The Medicaid program conducted a baseline assessment of E H R use in 2010. Conduct a more broadly based Medicaid provider survey to update the baseline assessment of E H R use among providers; participation in the State's Health Information Exchange; opportunities to conduct outreach and education among providers on the goals, objectives, and benefits of EH R and MU initiatives, and leverage other sources of funding available for HIT efforts.

- Continue to assist the MeREC to provide technical assistance to aid providers in the use of HIE to help providers change work place culture and work flow processes to promote the adoption of certified EHR technologies.[2]

- Continue communication strategies to assist providers in understanding the HITECH Act and Meaningful Use requirements so that the benefits of HIT may be realized by coordination with existing Hospital and Provider Association communication channels.

-Continue outreach and training programs for DHHS decision makers, MaineCare management, State staff, and the MeREC so that they may educate providers and Members about the benefits of HIT and provide Member education on HIT to empower them to effectively make decisions about their health information in an informed manner.

Goal 4 Infrastructure and Systems Integration Benefits.· The MaineCare MU program will advance the provision of services that are client-centered to improve health outcomes, quality, patient safety, engagement, care coordination, and efficiency and reduce operating costs by eliminating duplication of data costs through the promotion of adoption and Meaningful Use of HIT.

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[2] Currently the MaineCare HIT program and the MeREC collaborate on communication and outreach efforts, each using their respective funding from federal sources. MaineCare anticipates further activities with the MeREC which at some point, may result in a more formal collaborative effort and a contract. The State will keep its federal partner, CMS, advised of this relationship and submit for review and approval, any contract that results from this continued collaborative effort.

Key Objective: By 2016, all MaineCare Members will be managed by DHHS and providers who have secure access to health related information within a connected health care system using data and technology standards that enable movement, exchange, and use of electronic health care claims, clinical, and other information to support patient and population-oriented health care needs and which meet Meaningful Use requirements and promote future Stages of MU as they are defined and implemented by CMS.

  - o **Needs**

-Continue with efforts for a single point of entry for providers and use of a common identifier to improve access to health information in State systems for the purposes of research, determining patterns of care, improving quality and patient experience, ensuring accuracy of costs and claims information, and other efficiencies. Any solution to the single point of entry project must result in an inter-operable system or solution that can connect to the State designated HIE, CDC, and APCD as determined by the OSC, MaineCare program, and in accord with CMS rules and regulations. The solution must consider the feasibility of creating a two-way data flow between provider and State systems including, but not limited to, the MIHMS Claims Database; the IMMPACT 2- Web- based Immunization Information System; CDC Special Registries; the State's Meaningful Use system; and the State's designated HIE.

-Develop and implement rules, policies and procedures, and system enhancements where needed, to the State's registration, attestation and payment systems for Eligible Professionals and Hospitals (if Medicaid only) for Meaningful Use reporting (as defined by CMS); quality and cost improvement measures, including the requirement to exchange, use, and report health care data under MaineCare initiatives, to obtain EHR incentive payments.

-Continue to work collaboratively with the State's CDC and EHs to conduct the necessary tests and interfaces to allow EHs to meet ELR MU reporting; and with EPs and EHs to meet Stage 2 requirements for reporting of CDC health population reports for immunization, cancer, lead, and other special registries.

-Provide outreach and education, stakeholder forums, and other efforts to educate MaineCare Members of their ability to obtain their personal health records electronically, and how to use this information to improve health outcomes and quality of care.

-Continue to build common individual identifier (e.g., Master Client Index) technology tools in an integrated manner to allow for continuity of care for individual MaineCare Members and to aid in better understanding population health including linking Member information across Maine Departments such as Corrections and Education.

-Remove data silos in State systems for program offices to have access to data collected and managed commonly across DHHS to better serve clients.

-Coordinate the clinical quality measures gathered by DHHS to ensure that CHIPRA, Meaningful Use, and all other clinical quality measures are coordinated to appropriately address populations with unique needs, such as children.

-Continue efforts to collect and disburse data in a standardized manner to promote the use of evidence-based protocols for clinical decisions.

-Participate in new Medicaid programs such as Health Homes and Maine's SIM and IHOC grants to establish HIT and MU measures requirements, the State's HIE and APCD clinical and claims data, to improve quality, costs, and outcomes.

Maine understands that interaction with key stakeholders regarding the administration of the EHR Incentive Program and the HIT vision is not a one-time affair. The successful adoption and implementation of HIT hinges on buy-in and participation from all of the impacted stakeholders- from the Program Directors administering the program, OIT for technology planning and support, Maine's CDC and APCD, the providers adopting the technology and receiving the payments, and the MaineCare Members that are ultimately receiving the benefits of coordination of care and lower health care costs. MaineCare is committed to continued and ongoing collaboration with these stakeholders to better meet the needs of its constituents and fully realize the benefits of HIT.

SECTION IV - STATEMENT OF ALTERNATIVE CONSIDERATIONS

Maine proposes to continue the use of the CMS approved In-House technical solution for the IAPD-U period. The system has proven to be highly successful and resulted in a Meaningful Use incentive payment program that is efficient, accurate and compliant. Maine proposes to make enhancements to its technical and business solutions as needed to meet CMS and State requirements and program guidance for Stage 2 MU as currently defined by CMS, and to continue to assess and seek approval from CMS for anticipated future improvements and requirements as they become known and defined.

SECTION V- PERSONNEL RESOURCE STATEMENT

The following table estimates total staffing requirements and costs. (No personnel or contractor resources are cost allocated, so no cost allocation methodology is required.) [3]

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[3] The calculation in the grand total figure in the table below is off by $1 dollar due to the rounding of the expected hours of the State staff to three decimal points. For example, 173.3333 is rounded to 173.333.

State Staff

No.	State Staff Title	% of time	Hours based on FTE 173.33 days qtr.	Total Cost 4/1/13-9/30/15	Description of Responsibilities
1	Program Director	80%	1386	$275,280	Responsible for MU program, operations, outreach, training, participates in CMS forums, escalation of issues; measure progress to planned goals, compliance with CMS and state laws, budget, and inter-program cooperation.
2	Special Projects Director	25%	433	$85,019	Duties include preparation of CMS reports including SMHP, IAPD, quarterly HIT reports; participates in education, outreach, collaborative efforts with Maine's HIE and REC and CMS; Oversees Medicaid HIT survey and telehealth and Meaningful Use systems capacity and Electronic Lab Report project.
3	HIT Specialist	100%	1733	$187,500	Responds to inquiries on the MU EHR Incentive Program; liaison with CMS HIT program staff; review provider submissions, determine eligibility, and process EHR incentive payment requests; track appeals; and participate in collaborative efforts with HIE, REC and CMS.
4	HIT Specialist	100%	1733	$125,000	Responds to inquiries on the MU EHR Incentive Program; liaison with CMS HIT program staff; review provider submissions, determine eligibility, and process EHR incentive payment requests; track appeals; and participate in collaborative efforts with HIE, REC and CMS.
5	Auditor III	40%	578	$73,150	Responsible for the oversight of all elements of Maine's audit strategy; participates in CMS audit forums; preparation of audit reports and findings.
6	Auditor II	25%	433	$39,900	In accord with CMS audit tool kit and Maine's audit strategy, performs audits including pre-payment review of 100% of all registrations; and desk and on-site audits.
7	IT Program manager	20%	289	$57,150	Oversees Maine's DDI of MU in-house technical systems; supervises MU program IT employees; liaison with the OMS Program Director; participates in CMS forums
8	Senior IT Systems Analyst	100%	1733	$320,000	Responsible for actual design, development, and implementation of Maine's technical solution system and enhancements needed as determined by CMS.
9	IT Program Analyst	100%	1733	$156,000	Performs risk analysis and testing activities to ensure the integrity of MU systems; develops systems reports to meet CMS requirements; coordinates systems interface.
10	Financial Payment Program Manager	10%	173	$20,738	Responsible for performing the interface between the OMS MU system and the State's payment system necessary to process and issue payments to EPs and EHs for the MU program, and confirming that MU payments are the appropriate amounts and issued to the appropriate payee as entered by the provider, review by the HIT specialist, and approved by audit.
11	IT Systems Analyst	100%	1213	$188,645	Perform DDI system enhancements to meet CMS Stage 2 MU requirements--direct submission of MU to State, submission of CDC health registry reporting, etc.
12	IT Programmer Analyst	50%	693	$91,662	Perform analysis to assist design, develop, and implement system enhancements required to meet CMS Stage 2 MU requirements. Work will include developing report tools for Stage 2 MU enhanced report requirements.
	Grand Total		12,130	$1,620,043	

Contract / Vendor Staff and In-Kind Contributions

Contract No.	Contract Staff / In-kind	% of Time	Hours based on FTE 173.33 hours per qtr.	4/1/13-6/30/13	7/1/13-9/30/13	10/1/13 - 12/31/13	1/1/14-3/31/14	Total Cost 4/1/13 - 3/31/14
1[4]	Hospital IT / Lab Personnel in-kind	4%	150	$4,514	$4,514	$2,708	$2,708	$14,444
	Consultant Project Man.	20%	416	$16,250	$16,250	$9,750	$9,750	$52,000
	Systems Information Network Analyst	40%	832	$24,375	$24,375	$14,625	$14,625	$78,000
2[5]	Health Care Provider In-kind		80	$3,556				$3,556
	Consultant Survey analyst	40%	160	$12,800	$3,200			$16,000
	Consultant Survey analyst	40%	160	$12,800	$3,200			$16,000
	Grand total		1798	$74,295	$51,539	$27,083	$27,083	$180,000

At this time, the State has no contracts under the IAPD-U that extend beyond March 31, 2014. The State expects that it will have additional contracts which it will submit to CMS in the form of a second IAPD-U for review and approval.

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[4] This project is being conducted under a Memorandum of Agreement with the State's CDC who will contract with a private vendor for services. See Attachment 4.

[5] This project is being conducted under a Memorandum of Agreement with the State's ConnectME Authority who will contract with a private vendor for services. See Attachment 5.

SECTION VI – PROPOSED ACTIVITY SCHEDULE
This section presents tasks and subtasks required to complete the objectives of the SMHP and IAPD-U. This section provides a proposed overall schedule of the tasks and subtasks required to meet the requirements.

NO.	ACTIVITY TYPE		Estimated Start Date	Estimated Finish Date
1	Continue Activities from Maine's June, 2011 CMS approved IAPD and SMHP as described as "ongoing" in Section III. Objectives, Needs and Benefits.		April 1, 2013	September 30, 2015
2	Front-End & Wizard Stage 1 2013 Rule changes, C5 changes, Multi-Stage/Program Year Architecture changes.		April 1, 2013	June 30, 2013
3	Survey Medicaid Professionals and Hospitals on MU and HIE participation to conduct continued Needs Assessment and Provider education/Outreach activities		April 1, 2013	September 30, 2013
4	Collaborative Effort of Medicaid MU program and CDC to allow EHs to conduct ELR to meet MU requirements		April 1, 2013	March 31, 2014
5	Front-End Appeals Processing & Reporting / E-8 NLR Interface, Risk Analysis Enhancements.		July 1, 2013	September 30, 2013
6	Front-End, Wizard, Pre/Post Payment Audit changes for Stage 1 & 2 2014 changes. Annual Reporting enhancements.		July 1, 2013	December 31, 2013
7	Enhanced MU Reporting, Risk Analysis enhancements vs. captured Nationwide / SOM aggregate MU numbers, Payment Year 3, 4 processing exceptions.		October 1, 3013	September 30, 2015

The above description of the activities is intended to provide the "title," general description and target dates for completion. Further details on the new activities (Activities 2 – 7) are included in Attachment 3. Meaningful Use Stage 2 and the future: Further Discussion of IAPD-U Activities. The State recognizes that additional activities will be required to meet Stage 2 (and future MU stages) as defined by CMS. As such, Maine anticipates and fully expects to file additional updates as needed during this IAPD-U period of April 1, 2013 through September 30, 2015. The State recognizes and acknowledges that activities must be submitted to, and approved by CMS, in accord with applicable federal and State law, and fully intends to meet these requirements.

SECTION VII – PROPOSED BUDGET

This section details the projected budget for April 1, 2013 through September 30, 2015:

State Cost Category	90% Federal Share	75% Federal Share	50% Federal Share	10% State Share	Total Cost 4/1/13- 9/30/15
State Personnel	1,458,039	0	0	162,004	1,620,043
System Hardware	0	0	0	0	0
Software	48,060	0	0	5,340	53,400
Training and Outreach	49,500	0	0	5,500	55,000
Travel--OMS HIT Program related	59,400	0	0	6,600	66,000
Equipment and Supplies	60,840	0	0	6,760	67,600
Grand Total	1,675,839	0	0	186,204	1,862,043

Project No.	Contractor Cost Category	Cost
	Contractor Personnel	
	Contractor Services	
1	Electronic Lab Reporting Implementation	$144,444
2	Survey of Health Care Professionals and Hospitals of E H R, Meaningful Use, and HIE participation	$35,556
Grand Total		$180,000

	Federal	**State**	**Total**
Total in-State Costs	$1,675,839	$186,204	$1,862,043
Total Contract Costs	$162,000	$18,000	$180,000
Grand Total	$1,837,839	$204,204	$2,042,043

Maine is requesting approval of $2,042,043 funding, $1,837,839 federal and $204,204 State match to conduct the IAPD-U activities and work towards achievement of the HITECH goals and objectives under the Medicaid Meaningful Use Program. The State, in accord with OMB Circular 87-A, will provide in-kind match and no federal funds are requested or will be used for the State's portion of the funding for this program. The

funding request and use of all funds is in accord with all applicable federal and State laws, rules and regulations.

The State will keep its partner in this effort, CMS, informed on all aspects of this IAPD-U implementation effort and all federal and State reporting and compliance requirements, and will seek CMS' guidance, counsel and continued support through this IAPD-U and Meaningful Use Program.

SECTION VIII – COST ALLOCATION PLAN FOR IMPLEMENTATION

The following table lists the federal (90% match) in-house and contractor costs by quarter:

Cost	Qtr. Costs 4/1/13-6/30/13	7/1/13-9/30/13	10/1/13 -12/31/13	1/1/14-3/31/14	4/1/14-6/30/14	7/1/14-9/30/14	10/1/14 -12/31/14	1/1/15-3/31/15	4/1/15-6/30/15	7/1/15-9/30/15	90% Federal Share
In-house Costs	$153,118	$176,473	$176,473	$176,473	$178,273	$176,473	$176,473	$176,473	$143,705	$141,905	1,675,839
Private contract Costs	$66,225	$47,025	$24,375	$24,375							$162,000
Grand Total	$219,343	$223,498	$200,848	$200,848	$178,273	$176,473	$176,473	$176,473	$143,705	$141,905	$1,837,839

Maine has no activities or systems that require cost-allocation.

The method used for the above shown costs for the Medicaid HIT MU program follows the regular allocation processes as defined in CMS rules and guidance documents, and the State of Maine Cost Allocation Plan approved by CMS. Under that method, personnel time is tracked and allocated via specific activity codes and descriptions under the rubric of HIT to capture the time associated with the HIT program and costs that are reimbursed at the 90% FMAP. Similarly, this system allows the State to track the required 10% match.

Maine's method of reporting time ensures that 100% of each staff member's time is accounted for correctly. The reporting, identified by activity codes and accounting projects, allows the State to be certain that for federal reporting, the costs associated with the allocation of time to each activity code are claimed without overlap or duplication.

SECTION IX – ASSURANCES, SECURITY, AND INTERFACE REQUIREMENTS

The State of Maine assures that the proposed State Medicaid HIT and EHR Incentive Payment Program meets all applicable state and federal regulations for the EHR Incentive Program and HIT activities.

Maine will assure that the State HIT and related systems developed as part of this IAPD will adhere to State and Federal security and privacy requirements. DHHS will use existing documented system failure and disaster recovery procedures.

By checking yes, the State agrees that it will comply with the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations.

Procurement Standards (Competition / Sole Source)

42 CFR Part 495.348	X Yes	☐ No
SMM Section 11267	X Yes	☐ No
45 CFR Part 95.615	X Yes	☐ No
45 CFR Part 92.36	X Yes	☐ No

Access to Records, Reporting and Agency Attestations

42 CFR Part 495.350	X Yes	☐ No
42 CFR Part 495.352	X Yes	☐ No
42 CFR Part 495.346	X Yes	☐ No
42 CFR Part 433.112(b)(5) – (9)	X Yes	☐ No

45 CFR Part 95.615   X Yes   ☐ No

SMM Section 11267   X Yes   ☐ No

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports

42 CFR Part 495.360   X Yes   ☐ No

45 CFR Part 95.617   X Yes   ☐ No

42 CFR Part 431.300   X Yes   ☐ No

Security and interface requirements to be employed for all State HIT systems.

45 CFR 164 Securities and Privacy   X Yes   ☐ No

APPENDIX A (MMIS)

Maine's CMS approved "In-House" technical solution for the IAPD, continues, with approved enhancements for the IAPD-U period of April 1, 2013 through September 30, 2015. The State's MMIS (MIHMS) is currently not used for the Medicaid HIT E H R MU Incentive Payment Program. Maine will notify CMS if the State proposes to modify this decision and use the MMIS system for the MU payment program.

APPENDIX B   (PROVIDER INCENTIVE PAYMENTS)

EP AIU				EP MU			
Provider Type	**No.**	**Payment**	**Disbursed**	**Provider Type**	**No.**	**Payment**	**Disbursed**
CNM	41	21,250	$871,250	CNM	11	8,500	$93,500
DENT	74	21,250	$1,572,500	DENT	0	8,500	$0
MD	1382	21,250	$29,303,753	MD	482	8,500	$4,085,668
NP	438	21,250	$9,300,417	NP	135	8,500	$1,144,667
PA	17	21,250	$361,250	PA	6	8,500	$51,000
report total:	1952		$41,409,170	report total:	634		$5,374,835
EH AIU				**EH MU**			
Provider Type	**No.**	**Payment**	**Disbursed**	**Provider Type**	**No.**	**Payment**	**Disbursed**
ACH	36	Variable	$18,682,523	ACH	14	Variable	$5,793,047
Total AIU				**Total MU**			
Total AIU	**No.**		**Total**	**Total MU**	**No.**		**Total**
Total AIU	1988		$60,091,693	Total MU	648		$11,167,882
Grand Total							
Grand Total	**No.**		**Disbursed**				
Grand Total	2636		$71,259,575				

Maine expects the number of participants to increase as further outreach and education efforts continue. Further Maine will make significant outreach efforts to continue to have EPs and EHs who have participated in the AIU payment year 1 program meet Meaningful Use under the CMS program. Maine will continue to report the success of the program in its quarterly reports to CMS, and under its CMS 37 and 64 reports. Further breakdown of payments, and expected payments during the IAPD-U period, can be made available.

The following table shows the payments by quarter, broken down by EPs and EHs:

Payments	10/1/2011-12/31/2011	1/1/12-3/31/12	4/1/2012 - 6/30/12	7/1/2012 - 9/30/2012	10/1/2012 - 12/31/2012	1/1/13-3/31/13	total
Eps	$3,676,250	$21,512,086	$3,829,250	$3,778,250	$5,298,334	$8,689,835	$46,784,005
Ehs	$10,987,382	$925,592	$1,314,154	$6,833,341	3886186	528915	$24,475,570
Grand Total	$14,663,632	$22,437,678	$5,143,404	$10,611,591	$9,184,520	$9,218,750	$71,259,575

Proj. Pay.	4/1/2013 - 6/30/13	7/1/2013 - 9/30/2013	10/1/2013 - 12/31/2013	1/1/14-3/31/14	4/1/14-6/30/14	7/1/14-9/30/14	10/1/2014-12/31/14	1/1/15-3/31/15	4/1/15-6/30/2015	7/1//15-9/30/15	Total
EP	$2,181,250	$1,908,250	$1,400,200	$1,781,250	$1,381,250	$1,281,250	$1,281,250	$1,781,250	$1,266,308	$1,266,308	$15,528,566
EH	$1,993,830	$1,365,530	$1,540,088	$1,712,195	$1,005,197	$1,313,095	$1,540,006	$1,471,967	$1,100,100	$1,440,000	$14,482,008
Total	$4,175,080	$3,273,780	$2,940,288	$3,493,445	$2,386,447	$2,594,345	$2,821,256	$3,253,217	$2,366,408	$2,706,308	$30,010,574

APPENDIX C (GRANTS)

For the period of this IAPD-U, Maine is not contemplating the use of additional grants or funding for efforts under its Medicaid HIT MU program. Maine will include in future IAPD-U and SMHP updates, plans for grants should they occur.

APPENDIX D (HIE)

At this date, Maine has not fully considered allocation for activities related to a health information exchange. As more information becomes available and as the exchange continues operations, Maine will update its IAPD-U to address this component.

APPENDIX E (7 STANDARDS AND CONDITIONS)

1. Modularity Standard:

The Maine application is highly modularized and uses a flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats with reusable system architecture. The application collects meaningful use in a module which receives stores and sends data to the State; and an UI for reviewing and altering, authorizing payments and auditing. The State's application uses the Oracle APEX rapid application environment for the presentation layer; Oracle for the rules engine and data storage; and XML for transaction flow between applications. This environment allows the State to tightly couple services and codes where needed, yet also pursue a more aggressive decoupling strategy.

The Maine system utilizes modularity to help address the challenges of customization. The scripts for sending and receiving transactions with the NLR each have their own module; and changes can be made independently to the baseline capabilities without affecting how the extension works, and that future iterations of software can be deployed.

The State's system development lifecycle methodology has distinct, well-defined phases for inception through close-out which include planning that describes schedules, target dates, and budgets; should exhibit controls over the life of the project via written documentation, formal reviews, and signoff/acceptance by the system owner(s); and well- documented, repeatable processes with clear input and output criteria (e.g., artifacts). The State uses a variety of life cycles, depending on the size and nature of the changes to be made to the system that suit the specific kinds of project, based on varying technical, organizational, project, and team factors. The State of Maine utilizes either a waterfall or agile life cycle. The EHR application uses common interfaces for data collection, payment and the NLR.

This process provides structure and discipline that employs an open, reusable system architecture that separates the presentation layer, business logic (i.e., service layer), and data layer for greater flexibility, security, performance, and quality of design, implementation, maintenance, and enhancement in the software life cycle. The system architecture utilizes a user interface (UI) framework that deploys presentation components which will allow opportunities for communication with disparate populations using different media formats such as web, email, mobile, and short message service (i.e., text messaging).

Maine's architecture diagram and interfaces are defined by CMS or the State's AdvantageME payment systems which are documented in Interface Control Document (ICD) that was supplied by CMS.

2. Mita Condition:

The State of Maine has developed an operations and business work flow for the different business functions which align with the CMS Medicaid and Exchange business operations and requirements. Maine completed a MITA State Self-Assessment as part of its certification process of its MMIS systems. That assessment concluded in a MITA report which was submitted and approved by CMS. As appropriate and defined by CMS, Maine takes into account the changes required by the Affordable Care Act and the availability of new technologies such as cloud computing and build out maturity levels 4 and 5.

Maine has provided to CMS a MITA Maturity Model Roadmap that addresses goals and objectives, as well as key activities and milestones, covering a 5-year outlook for our MMIS solution. The assessment includes areas such as Business Capability, future enhancements, PBM, and development for the implementation of ICD Actions. The State's Assessment Plan addresses business process models and work flows to minimize customization demands on technology solutions and optimize business outcomes.

3. Industry Standards Conditions

Maine has aligned its systems incorporating industry standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act. Maine also had adopted risk and mitigation strategies to address potential failures.

Through the State of Maine deployment certification process, the State ensures that it maintains HIPAA and Section 508 compliance, through the use of practices and procedures for the system development phases such as requirements analysis, system testing, and user acceptance testing (UAT). The state of Maine tests manually and with software for 508 compliance, including all types of user interface screens (static, dynamic, Web, client-server, mobile, etc.) to meet the standards for full compliance. The deployment certification process also requires extensive requirements gathering, analysis and User Acceptance Testing prior to implementation of any new or enhanced application.

4. Leverage Condition

Maine's solutions promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states. The State of Maine has avoided creating redundant processes by leveraging the use of AdvantageMe for payment, GL and AR functions. It uses industry standard XML transactions in order to communicate through its interfaces. In this regard, Maine's solutions do not rely on customization and all portions of the State of Maine EHR application is available for reuse for any state that would benefit from its adoption. Maine will explore, as the capability becomes available, key artifacts to a common, national cloud-based repository accessible by all states and CMS, that makes use of commercially or publicly available off-the-shelf or open source solutions, including cloud computing.

Maine does not have duplicative system services within the State. To avoid building any solutions that would duplicate system services, the State's Office of the State Coordinator for HIT, Maine's Information Technology office, Maine's CDC, and Maine's Medicaid HIT program closely coordinate efforts to ensure that solutions in fact, do not duplicate efforts. This is done through monthly meetings with Agency representation and a coordinated system plan.

5. Business Results Condition

Maine's E H R incentive payment and Meaningful Use systems support accurate and timely processing of attestations for payments under the E H R MU program. (Maine's MMIS system, known as MIHMS, utilizes the AdvantageME payment system, as does the Maine E H R system. In that respect, the E H R system (and the MMIS system) support and enable an effective and efficient business process, producing and communicating the intended operational results with a high degree of reliability and accuracy.

The EHR application supports accurate and timely processing of NLR transactions and payments to EP's and EHRs. The application is highly automated, runs on a daily schedule, in an efficient and timely manner which produces a 21st century customer and partner experience for all individuals, including the ability to submit and manage interactions with the E H R program on-line. Maine has committed to evaluation plans and surveys to ensure providers, applicants, and others interacting with and using their systems will be asked to provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.

Maine has adopted SLAs for its MMIS system with a Plan of Action with Milestones (POAM), which it reports on under the MMIS protocol and requirements. The State uses an in-house solution for its E H R incentive payment and Meaningful Use systems. The solution supports accurate and timely processing of attestations for payments under the E H R MU program. (Maine's MMIS system, known as MIHMS, utilizes the AdvantageME payment system, as does the Maine E H R system. In that respect, the E H R system (and the MMIS system) support and enable an effective and efficient business process, producing and communicating the intended operational results with a high degree of reliability and accuracy.

6. Reporting Condition

The State of Maine EHR application produces transaction data, reports and performance information that allow the customers to evaluate how the program is running and where opportunity for improvements exists.

Maine's solutions produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. The system has created built-in and ad hoc report capabilities that produce electronically accurate data for oversight, administration, evaluation, integrity, and transparency. These reports are automatically generated through open interfaces utilizing the most current MITA standards including additional detail about reporting requirements and needs that arise from the Affordable Care Act, as defined by CMS.

7. Interoperability Condition

Maine's solutions under its June 2011 IAPD, were based on ensuring the capability of having seamless coordination and integration with the State's Health Information Exchange as it became operational. The goal was to allow interoperability between the HIE, public health agencies, human services programs, community organizations providing outreach and enrollment assistance services, and the State's Medicaid program.

Under Maine's IAPD-U, the State continues to build upon a solution that employs interaction and interoperability to maximize value and minimize burden and costs on providers, MaineCare members, and other stakeholders. For example, Maine IAPD-U requests funds for the development and implementation of direct interfaces from providers to the State's HIE for the purpose of reporting on CDC specialty registries, such as immunization, cancer, syndromic surveillance, diabetes, etc. This provides an avenue to increase participation in the State's HIE by allowing providers to submit this data electronically through the HIE to the State's CDC and at the same time, demonstrates the value of the HIE and the exchange of clinical data. Maine expects to further the use of the State's HIE through appropriate linking of Medicaid E H R payments with participation in the HIE and with Maine's emerging value-based and SIM grants, and is similarly working with community groups and patients to develop solutions that allow patients access to their health care data, quality and cost information.